

CENTRAL OFFICE

Monthly On-the-Job Training Report

MONTH

YEAR

NAME

LAST 4 SSN

DIVISION

UNIT

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Formal Training conducted by a supervisor (or by a designated employee with the required experience under the direction of a supervisor) at the job site while the employee is working.

Date	OJT Code	Subject	Supervisor Signature	Instructor	Hours

TOTAL NUMBER OF HOURS APPROVED: _____

Please submit this form to Roberto Mata, Staff Development Center, Galt by the 30th of each month to ensure proper recording of training credit.